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ABSTRACT

Five public relations consultant role models were examined in a study of the way these roles affect client evaluations of task accomplishment, problem-solving efficacy, and consultant expertise. The role models examined were: the expert prescriber (the consultant operates as an authority on both the public relations problem and its solution), the technical services provider (the consultant provides specialized services the client deems necessary), the communication process facilitator (the consultant operates as an information mediator between the client and a third party), the problem-solving/task facilitator (the consultant helps the client apply a systematic problem-solving process), and the acceptant-legitimizer (the consultant assumes a nondirective, supportive role). The five role-model treatments were administered to 20 "client" groups, each composed of from three to five undergraduate public relations students working on a case study project. Following the five-week case study project, the student-clients completed questionnaires. The findings revealed that the problem-solving/task facilitator role received the highest ratings on task accomplishment, process efficacy, and consultant expertise. The lowest-rated role was that of acceptant-legitimizer. (FL)

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Public Relations Division

TOWARD AN UNDERSTANDING OF PUBLIC RELATIONS ROLES: AN EMPIRICAL TEST OF FIVE ROLE MODELS' IMPACT ON CLIENTS

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This research is the first stage of a continuing study of how the practitioner-client relationship influences the practice of public relations. W. Robert Ingram recognized the need for such research when he wrote of the "enormous dichotomy that exists between the way the public relations practitioner views his or her function and the way top management perceives the function." He concluded that, "Some basic research into the real nature of this dichotomy is needed."[1]

In this study, we tested how five public relations roles affect client satisfaction with their practitioners. We designed the five role models to represent various ways practitioners behave when carrying out public relations responsibilities. While each role model represents a distinct behavioral pattern, we do not suggest that a practitioner operates in only one of these roles. More likely, a practitioner adopts varying degrees of all five roles. We do assume, however, that a practitioner develops a dominant pattern of job-related behavior through individual preferences and training, and in response to the expectation of and constraints imposed by clients and employers.

We cast the practitioner roles into the more general consultant-client-problem paradigm in which the practitioner-client relationship involves various forms of consulting services to help clients or employers solve public relations problems.

We tested how clients would evaluate each role and how satisfied they would be with the consultant-client relationship. Our test consisted of experimentally administered role model treatments with 20 client groups.

This is exploratory research in that we conceptualized the role models rather than determining them through empirical analysis of practitioners' behavior. It is also exploratory in that the experiment took place as part of

a university public relations class project, rather than in an actual field setting.

Public Relations Role Models

In this study, we define the concept "role model" as the patterned behavior of a public relations practitioner. The behavioral pattern represents the role occupant's strategy for dealing with recurring types of situations, based in part on the role occupant's recognition of others' expectations. We attempted to limit our conceptualizations of public relations consulting role models only to institutionalized occupational behavior. We did not include all the aspects of practitioner-client relationships contingent upon personality, organizational setting, situational urgency, history, etc. In our search of the literature we found few empirical studies, but numerous case studies and reports by participant-observers on various consulting role models in the settings of engineering, psychiatry, education, and T-group training.

The literature from each of these fields details similar behavioral patterns and consequences for a relatively small set of consulting role models. The most comprehensive analysis of consulting role model case studies was done by Blake and Mouton, and reported in their 1976 book, Consultation.[2] This book is an important step toward understanding the nature of consultant-client relationships and the impact of various consultant role models. However, as is the case with most other reports on the topic, it does not provide empirical evidence to support the conventional wisdom it contains.

The consulting literature provided us five role models that we conceptualized in a public relations context: expert prescriber, technical services provider, communication process facilitator, problem-solving/task facilitator, and acceptant-legitimizer. Following are our explications of these role models and descriptions of how we operationalized each role for this experiment.

Expert prescriber. Cutlip and Center expressed the essence of the expert prescriber role model when they said the practitioner "becomes the best informed person in the organization," the person with all the answers.[3] Newsom and Scott summarized the behavior of a practitioner operating in the expert role:

> The counselor studies and researches a situation, interviews, outlines recommendations, and offers these in formal presentation format.[4]

The similarity of this role behavior to that of a physician diagnosing a patient's medical problem and presecribing a treatment, prompted some writers to call this approach to consulting the "doctor-patient" role model.[5] In this consultant-client relationship, the client "patient" more or less passively receives of the "doctor's" expert services.

Steele pointed out that the expert role model is "seductive" for both the consultant and the client:

> It can be quite personally gratifying to have others see me as someone who really 'knows' what is going on or what should be done in a given situation. ...Another factor pushes him toward the stance of expert: the client's wish to see himself safely in the hands of an expert who is wise and able so that anxiety over present or future difficulties can be reduced.[6]

He adds, however, that one of the costs of such a consultant-client relationship is client dependency.

Likewise, Argyris concluded that when the consultant develops the "prognosis" with little or no participation from the client,

> ...then one can predict that the (client) will tend to develop a dependency relationship with the consultants. The (client) will tend to feel that the program is not his but the consultants', to the extent that he accepts what they tell him they think he ought to do.[7]

He added that clients readily accept the "reciprocal role of being dependent upon the consultant" and tend to rate such consultants highly.[8] Both Argyris and Steele conclude, however, that the success of projects developed under this role model tend to be inadequate and short-lived. The clients' relevant knowledge about their own situations is not included in the problem-solving

process.[9]

In an earlier study of business executives' relationships with consultants, Tilles found that the doctor-patient model was most prevalent, but in the long run led to the greatest dissatisfaction among clients.[10]

In this study, we operationalized the expert prescriber role model as one in which the consultant operates as an authority on both the public relations problem and the solution that should be implemented. Our consultants in this role model assumed major responsibility for researching and defining the problem situation, and for designing the public relations program. Client groups working with these consultants became the recipients of the consultants' expert counsel in diagnosing problems and prescribing solutions.

Technical services provider. This consultant role model best describes a consultant-client relationship in which the consultant provides specialized services the client deems necessary. This role is often assumed by the public relations practitioners hired for their communication skills and mass media experience. A reading of the public relations want ads and job descriptions quickly confirms that most practitioners are hired on the basis of their journalistic skills--writing and dealing with the press. Other specialized services "purchased" by clients in this role include graphics, photography, publication and broadcast prduction, public opinion research, special events planning, fund raising, and exhibit planning and production--to name but a few from the long list of public relations "skills" sought by clients.

Kurpius and Brubaker call this role model the "provision model."[11] After recognizing a problem calling for skills not available from within, the client "acquires" a consultant to provide the needed services. The consultant operates in ways consistent with the client's expectations and prescriptions, but the client assumes little or no ownership of the program once the referral is made.

One of the major variables affecting success under this consultant-client relationship is the adequacy of the client's problem definition and selected solution. Tilles also concluded that under this "purchase-sale" consultant-client relationship the client "can go about his business and wait for delivery."[12] After diagnosing the problem and deciding upon a solution, the client then becomes the recipient and critical evaluator of the consultant's services.

Schein reported that managers frequently voice dissatisfaction with the quality of services they receive from consultants operating under this role model. He explained this dissatisfaction by pointing out that success depends upon the adequacy of the client's problem diagnosis and needs assessment, the extent to which the client is able to communicate these conclusions to the consultant, the consultant's capabilities for providing services with the desired impact, and the extent to which the consultant's intervention and activities produce unanticipated consequences.[13]

One of the primary reasons for hiring the "seller-of-technical-services" consultant in the engineering field becomes a major pitfall when this role model is applied to the public relations practitioner-client relationship:

> One of the soundest reasons for the engagement of consulting engineers is to avoid distracting the client from his normal functions and operations.[14]

The "compartmentalization" of the public relations function and the resultant isolation of public relations practitioners from the mainline of their client organization's operations may in part be explained by the consultant-client relationship that develops under the technical services provider role model.

The experimental version of this consultant role model closely parallels what we observe in the actual practice of public relations. Our consultants gathered material for their clients, helped write reports, edited clients' writing, and helped package the final reports in attractive presentation formats. The clients themselves defined the problem and selected the solution, while the

consultant provided supportive information-retrieval services and applied their communication skills to presenting the clients message. At each step in the problem-solving process, the consultants handled the technical aspects of producing the finished product while the clients analyzed the available information and made the problem content decisions.

Communication process facilitator. This consultant role model describes those aspects of public relations work in which the practitioner operates as a "go-between" or information mediator. The primary function is to facilitate the exchange of information so the parties involved have adequate information for dealing with each other and for making decisions of mutual interest.

Newsom and Scott called this role the "interpreter and communication link."[15] This role, widely accepted in professional public relations circles, involves maintaining a continuous two-way flow of information. The first item in an example statement of a public relations department's responsibilities emphasizes this role: "To serve as the central source of information about us and as the official channel of communcation between us and the public."[16]

The consultant in this role is most concerned with maintaining full participation of those involved and the quality of information exchange. By promoting two-way communication, the consultant assumes that those involved make better decisions of mutual interest. Communication constraints become the major concerns of the communication facilitator.

Walton outlined the strategies employed by such third party consultants when they intervene to facilitate the dialogue process:

1. Refereeing the interaction process,
2. Initiating the agenda and suggesting the foci of discussion,
3. Summarizing and restating the issues and the principals' views,
4. Eliciting reactions and feedback,
5. Focusing attention on diagnosing conflict problems,
6. Prescribing discussion methods, and
7. Diagnosing conditions causing poor dialogue.[17]

Kurpius and Brubaker offer a similar description of the approach in their "mediation mode" of consultation.[18]

With the exception of Walton's second intervention strategy--initiating the agenda--our consultants in this experimental treatment role model adherred to a similar set of helping behaviors when working with their client groups.

Problem-solving/task facilitator. This consultant role defines a collaborative relationship in which the consultant helps the client apply a systematic problem-solving process. As Schein described his "process consultant" role, the consultation process begins with the consultant's first question and continues throughout the remaining joint efforts of diagnosis, planning and implementation.[19]

Only through direct involvement in each step of the problem-solving process can the client hope to understand and participate fully in the program implemented. Only by involving the client in each step can the consultant expect the project to remain relevant to client needs and acceptable in the client system. Baker and Schaffer emphasized these same principles in making staff consulting with line management more effective:

> Once line management has approved a project, it is very tempting for competent staff consultants to roll up their sleeves and get moving on their own. After all, they feel they know just what is needed to gather the right data, organize and analyze them, and perform the various technical chores. Line management is often too cooperative--and happy to duck out of involvement once the project is launched. Thus as the work moves forward, the staff people become familiar with pertinent information. They develop perspectives on why things must be done in certain ways, and they become increasingly committed to certain outcomes.
>
> ...It is little wonder that, not having shared in the evolutionary thinking process that led to the conclusions, operating managers are frequently unenthusiastic about the results, divided among themselves on key decisions, and unable to develop the commitment for success.
>
> Everytime we err on this principle, we discover that short cuts which sacrifice direct involvement by line management are, in the long run, time-consuming and costly. [20]

Schein's defintion of process consultation, "...a set of activities on the part of the consultant which help the client to perceive, understand and act upon process event which occur in the client's environment," is strikingly similar to what Newsom and Scott call for in their "problem solver" role of the public relations practitioner.[21]

> ...To help clients conduct thei business in a way that is responsive to the new demands made by concerned scientists, environmentalists, consumerists, minority leaders, underprivileged segments of the community, and the young generation. [22]

The assumptions underlying this role model are:

1. Clients often need help in diagnosing their problems, and in identifying what to change and how to change it.

2. Consultants typically cannot know as much about the problem situation and change possiblilities as does the client.

3. Clients retain decision-making power.

4. Clients become more effective managers as they develop their problem-solving skills.

5. The long-run objective of consulting is to increase the client system's problem-solving and problem-avoiding abilities, not to solve a particular problem.

As Argyris concluded, the consultant concerned with changing how an organization deals with problems and with decreasing the dependence on "outside" specialized aid

> ...must give attention to the process by which the new plans are developed, introduced, and made part of the organization. He will tend to invite a much greater degree of participation on the part of the clients in all phases of the program. [23]

From his review of innovation and knowledge utilization literature, Havelock developed a similar conception of the consultant's role:

> In its purest form the consultant role is not necessarily a knowledge linking role at all. The consultant is, rather, a facilitator, helper, objective observer, and specialist in how to diagnose needs, how to

> identify resources, and how to retrieve from expert sources....The underlying rationale for consultation is that only the client, himself (the user), can determine what is really useful for him. [24]

In public relations terms, Cutlip and Center outlined the staff support function as assisting "line officers on their problems and to help them arrive at their solutions."[25]

In our experiment, the problem solving/task facilitator consultants helped clients follow the step-by-step program planning process outlined in class lectures and course readings. They intervened by asking questions designed to remind the clients where they were in the problem-solving process and by helping them proceed in a logical, step-by-step fashion. Problem content responsibility was left with the clients, while the consultants concerned themselves with guiding the client through a rational problem-solving process.

Acceptant-legitimizer. This non-directive, supportive role originated in psychological counseling,[26] became the major approach to organizational development consulting,[27] and was included by Blake and Mouton as one of the five basic consulting interventions. They defined this approach as an attempt to help clients "through sympathetic listening and empathetic support."[28]

Tilles reported that this consulting role model is employed in business as a means of legitimizing client decisions. The client, in effect, uses the consultant as spokesperson "to have his own ideas presented by an outsider who will evoke a different reaction from the group members...."[29]

A less active version of this role model was described by Walton in one of three case studies he reported on the role of a third party consultant in conflict situations:

> He listened to each of the disputants discuss his views and feelings, and sharpened what he understood to be an issue.... An effort was made to state these issues in ways which made each person's position understandable, legitimate, and acceptable....
> ...Essentially, he let the parties run on their own.... Thus, he believed that the two parties had an opportunity to reveal or develop

their own interaction equilibrium. [30]

Walton concluded that the consultant made a major contribution through his mere presence as a listener and legitimizer of the problem resolution process.[31]

Blake and Mouton summarized what the acceptant-legitimizer does:

> An acceptant consultant helps the client to think through his or her situation in a manner that relieves the blocking aspects and ensures that the client retains a sense of personal 'ownership' in resolving problems. ....Again, this kind of intervention avoids a partisan orientation and provides the client a sense of support by implying that any action is acceptable regardless of its content. [32]

While this role is the least active of our experimental role models, we have included it because public relations practitioners are often subordinated to this position in highly structured organizations. Our consultants accepted their clients' diagnoses and prescriptions, and provided supportive feedback designed to increase confidence in the final product.

The consulting literature suggests that these different roles played by consultants have differential effects on client views of:

1. the efficacy of the client's problem-solving procedure,
2. the adequacy of the end product, or task accomplishment,
3. their consultant's expertise and helpfulness,
4. who "owns," or who is responsible for, the end product (solution), and
5. their dependency upon consultant help and intervention in similar problem situations.

The objective of this research was to determine empirically if the five consulting roles had differential effects on these dimensions of the consultant-client relationship in a public relations context. Based on our findings, we hoped to be able to offer hypotheses for future research on public relations practitioners' relationships with employers and clients.

Methods

The research was conducted as part of the first author's public relations class in which one section of the course dealt with the practitioner's role and the consulting process. At the beginning of the course, students were told that they would be involved in a class exercise designed to give them experience in public relations program planning and increased understanding of the roles played by practitioners.

After the midsemester exam the junior and senior undergraduates formed teams of three to five members to work on an out-of-class case study concurrent with the lectures on the public relations planning process. Twenty of the 21 teams requested consulting help when offered a graduate student public relations consultant.

In preparation for their consulting assignments in the case study project, the 11 graduate students in the course had spent six weeks studying and rehearsing the five consulting role models. Ten of the graduate students were each assigned two different roles to play, giving us a total of 20 consulting assignments with four different consultants in each of the five role model treatment conditions. The consultants were instructed to be as helpful as possible within the limits of their respective role assignments. They also were specifically instructed to avoid any behavior that might interfere with the group's progress or bring about a negative reaction in their consultant-client relationship. Their assignment was to provide assistance, as defined by each of the five role model treatments.

Since the students selected their own team members, we were not able to randomly assign individuals to the experimental conditions. Instead, we employed a quasi-experimental design in which intact groups were randomly assigned to consultants, giving us an after-only design with four groups randomly assigned to each of the five role model conditions.

Before the groups began the case study project and met with their consultants, we administered a questionnaire to determine the equivalency of the treatment groups in terms of demographics, school majors, expectations of the case study project, and expectations of consultants. Analysis of variance on each of the 26 questionnaire items showed that there were significant differences among the groups on only two of the items. A posteriori analysis of covariance between these two variables and the post-treatment dependent variables showed no significant differences accounted for by the pre-treatment non-equivalence.

The 20 case study teams met an average of 7.5 times over a five-week period, devoting an average of 17.6 hours to out-of-class group meetings. The consultants attended an average of 4.4 meetings with each group, giving us an average of 10 hours of consultant-client contact.

To provide a validity check on the experimental manipulations, the eleventh graduate student was kept naive to the role assignments made to the other graduate students. This "blind" attended at least one meeting of each of the 20 groups to observe the consultants, identifying one not operating in the assigned role. Discussions with the students in that group and the consultant confirmed the blind's observation. The consultant had abandoned the assigned role in an attempt to help the group progress in the case study. While this "free lance" response to their need was admirable in one respect, it had two negative consequences: first it confounded the treatment for one of the four groups in that role condition; and secondly, it prompted the group to ask that the consultant be removed after concluding that this consultant was not being helpful. The observations from this team were not included in our analyses of data.

The measures on the dependent variables took the form of summated ratings

on 7-point Likert-type scales in a questionnaire administered the day the teams turned in their final case study reports. Seventy-two student "clients" completed the questionnaire: 16 in the expert prescriber role condition, 16 in the technical services provider condition, 17 in the communication facilitator condition, 10 in the problem-solving task facilitator condition, and 13 in the acceptant legitimizer condition.

Findings

No differences among the five role model conditions were found for two dependent variables: ownership and dependency.

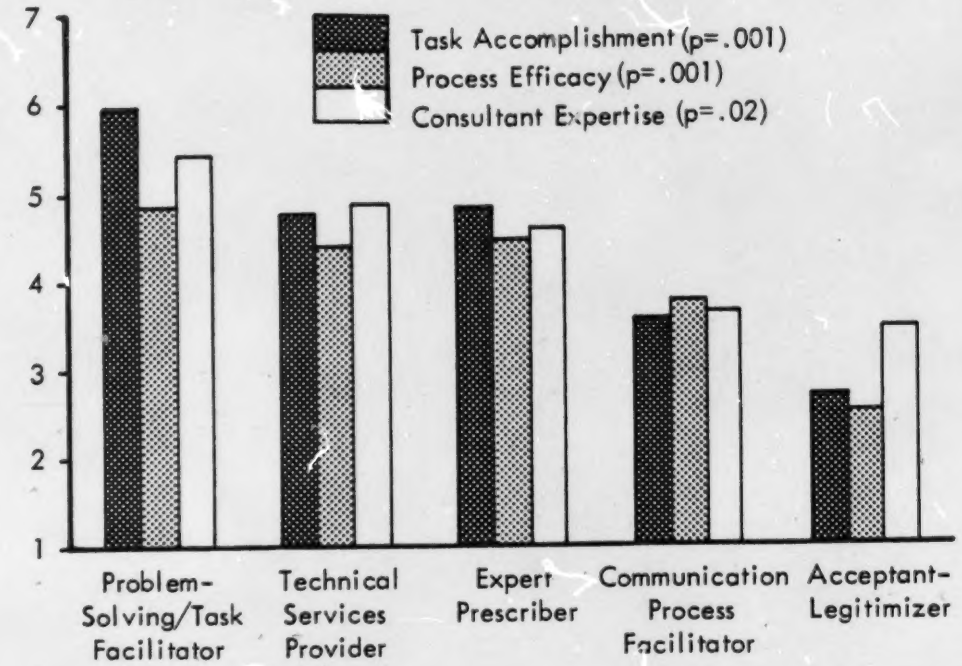
The ownership finding was not surprising because the post-treatment observations were made before the students received grades on their case study reports. Apparently, all students were pleased with their work on the case study, claimed high ownership in the final report, and expected (and received) high grades on their work. It would have been interesting, but ethically unacceptable, to systematically vary the grades within treatment conditions to see if ownership varied with level of grade on the final report.

Likewise, the finding of no differences on dependency was not unexpected in this experiment because of the clearly temporary nature of the consultant-client relationship.

Analysis of variance of the means on the other three dependent variables (process efficacy, consultant expertise, and task accomplishment) yielded highly significant differences among the treatment roles. (See Table 1). Scheffé's comparisons of all possible pairings of treatments on task accomplishment indicated that the problem-solving/task facilitator consultants were rated significantly higher ($p<.05$) than both the communication process facilitators and the acceptant legitimizers. In addition, expert prescriber consultants were rated significantly higher than the acceptant legitimizers. The power of

this test is limited, however by the small samples in each of the treatment conditions. That limitation, plus the inherently conservative nature of the Scheffé test, preclude us from suggesting differences among other pairings.

Table 1. Mean Ratings on Dependent Variables by Role



The Scheffé procedure on the process efficacy variable indicated that the acceptant legitimizer role differed significantly from the expert prescriber, technical services provider and problem-solving/task facilitator roles.

No significant differences were found among the clients' perceptions of consultant expertise, when the Scheffé test was used to explore the significant difference indicated by the analysis of variance.

Even though many of the role comparisons were not significantly different under the Scheffé procedure, we found highly significant differences among the roles on the individual items on the questionnaire (see Appendix A). We also found a somewhat consistent pattern in the ordering of the roles, indicating

that our ability to discern statistically significant differences may be due to our limited sample sizes.

The similar ordering of the roles on each of the items and on the three conceptual dependent variables also suggested that our conceptual dependent variables were not empirically different. A factor analysis of the responses to the items on the questionnaire indicated that the 12 items used for the three dependent variables all loaded on one factor. The factor ratings ranged from .69 to .94 (.69, .75, .80, .81, .86, .88, .88, .89, .93 and .94). This factor accounted for 57 percent (r^2) of the total variance among the roles.

We then used the 12 items to form a single index for this factor, which appears to represent "satisfaction with consultant." Analysis of variance yielded a highly significant difference among the role treatment conditions ($p = .001$). The reliability of the 12-item index is .97 (Cronbach coefficient alpha estimate).

Scheffé comparisons of roles on this factor indicated that the acceptant legitimizer role differed significantly from the expert prescriber, technical services provider and problem-solving/task facilitator roles. Mann-Whitney U-Tests of all pairings of roles yielded statistically significant differences ($p < .05$) for all but one pairing--expert provider and technical provider. This less conservative non-parametric test ordered the roles on the satisfaction with consultant factor as shown in Table 2.

Table 2. Satisfaction with Consultant Ratings

	Mean	p*
Problem-Solving/Task Facilitator	5.37	
		.01
Expert Prescriber	4.58	
		N.S.
Technical Services Provider	4.56	
		.01
Communication Process Facilitator	3.59	
		.01
Acceptant-Legitimizer	2.69	

*Mann-Whitney U-Test

Thus our findings indicate that the problem-solving/task facilitator role role model was rated highest by clients. The expert prescriber and technical services provider roles were not rated differently, but both were rated higher than the communication process facilitator role. The consultants operating in the acceptant-legitimizer role received the lowest ratings.

Summary and Conclusions

One of the most revealing aspects of our findings was the high rating of the problem-solving/task facilitator consultants. Our clients gave the consultants in this role model the highest ratings on process efficacy, consultant expertise and task accomplishment. To the extent that these findings generalize to practitioner-client/employer relationships, one would predict that practitioners operating primarily in this role would be rated higher than those in the more typical technical services provider and expert prescriber roles.

Entry-level public relations positions most often cast the occupant in the technical services provider role, while seasoned practitioners often aspire to the expert prescriber role. In our study, however, both roles received the same ratings on the "satisfaction with consultant" measures. Educational programs appear to prepare practitioners for both roles, recognizing the sequential nature of professional role development.

Our consultants operating in the communication process facilitator role--information brokers and mediators--were rated lower than the three roles mentioned above. While these consultants were rated significantly higher than the "do-nothing" acceptant-legitimizers, we see little comfort in the ratings since we cannot imagine a practitioner staying employed for long operating primarily as a sympathetic listener and empathetic supporter.

Our statements about the roles and their relative ratings by clients should be recast as questions for empirical testing in the actual practice of public relations. Since these roles would not be found in the "pure" form we conceived for this experiment, however, one would have to begin by determining the extent

to which practitioners play each of the roles when dealing with their clients/employers and while carrying out their public relations functions. The first author is currently directing such a study. A subsequent study will attempt to discern the relationships between these practitioner role behaviors and client expectations and evaluations. Yet other studies are planned to determine the individual and situational determinants of practitioner role behavior.

Our findings in this preliminary study lead us to recommend greater emphasis on management by objectives, problem-solving process and related consulting skills in public relations education. This is not to suggest that training in journalistic and communication skills is any less important to the preparation of practitioners. Rather, the high ratings given our problem-solving task facilitator consultants indicate than clients viewed this role behavior as more helpful than the others. Clients also rated these consultants higher on the expertise dimension, thus attributing higher status to these consultants.

Appendix A ANOVA TEST OF MEANS BY CONSULTANT ROLE

	Role Models* 1 (n=16)	2 (n=16)	3 (n=10)	4 (n=17)	5 (n=13)	F	P	Scheffe'
1. Our group accomplished more because we had a public relations consultant.....	4.44**	4.44	3.47	5.60	1.85	6.54	.001	(5,3)(3,1,2,4)
2. Our consultant probably helped us receive a better grade on the project than if we had worked alone.....	4.12	3.92	2.76	6.00	2.00	8.53	.001	(5,3,2)(3,2,1)(2,1,4)
3. I would give our consultant a high grade for the work accomplished by our group.....	4.31	4.44	3.18	5.90	2.31	5.75	.001	(5,3,1,2)(1,2,4)
4. Our consultant made sure that the group ran smoothly, thus avoiding interpersonal conflicts.....	3.31	3.38	3.41	4.30	1.77	3.66	.009	(5,1,2,3)(1,2,3,4)
5. Our consultant had the necessary public relations expertise to assist us on this project.....	4.06	4.75	3.41	5.20	3.15	2.99	.025	(5,3,1,2,4)
6. Our consultant had a thorough understanding of the divestiture issue.....	5.00	4.88	3.76	5.50	3.62	2.71	.037	(5,3,2,1,4)
7. Our consultant promoted open communication among the group members.....	5.00	4.62	5.00	5.60	3.46	2.14	ns	(5,2,1,3,4)
8. Our consultant helped clarify and summarize the group's discussions.....	5.19	4.81	3.59	5.40	2.54	5.42	.001	(5,3)(3,2,1,4)
9. It was a good idea to have a consultant assist us on this project.....	5.75	5.44	4.18	6.10	3.46	5.51	.001	(5,3,2)(3,2,1,4)
10. Our consultant helped the group work in an organized step-by-step fashion.....	4.56	4.25	3.47	4.90	2.54	4.27	.004	(5,3,2)(3,2,1,4)
11. Our consultant helped our group work efficiently, enabling us to complete the reports on time.....	3.94	4.38	2.88	3.80	1.92	4.87	.002	(5,3,4)(3,4,1,2)
12. What grade would you give your consultant***	5.12	5.44	4.53	6.10	3.92	2.77	.034	(5,3,1,2,4)
FACTOR 1..(Composite index using all 12 items	4.58	4.56	3.59	5.37	2.69	5.86	.001	(5,3)(3,2,1,4)

* 1=EXPERT PRESCRIBER, 2=TECHNICAL SERVICES PROVIDER, 3=COMMUNICATION, 4=PROBLEM-SOLVING/TASK FACILITATOR, 5=ACCEPTANT-LEGITIMIZER.

** Mean values

*** A=7, AB=6, B=5, BC=4, C=3, D=2, F=1

FOOTNOTES

[1]W. Robert Ingram, "Building a Viable PR Function," Public Relations Journal, Vol. 31 (May, 1975), p. 15.

[2]Robert R. Blake and Jane Srygley Mouton, Consultation (Reading, Mass.: Addison-Wesley Publishing Company, Inc., 1976).

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